



August 23, 2024

To: Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations

Subject: Notice of Proposed Change to the Medi-Cal Program

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment (SPA), waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to Angeli.Lee@dhcs.ca.gov or by mail to the address below:

Contact Information

Department of Health Care Services
Director's Office
ATTN: Angeli Lee
MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

Tribal Chairpersons, Designees of Indian Health Programs,
and Urban Indian Organizations

Page 2

August 23, 2024

In addition to this notice, DHCS plans to cover this SPA in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may request a consultation on this proposal at any time as needed.

Sincerely,

Original signed by

Andrea Zubiarte, Chief
Office of Tribal Affairs
Department of Health Care Services

Enclosure



**Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice**

PURPOSE

To seek federal approval to expand the list of providers who can supervise Community Health Workers/Community Health Representatives (CHW/Rs).

BACKGROUND

DHCS proposes to revise the State Plan to add pharmacies as supervisors of CHW/Rs. Currently, the State Plan authorizes community-based organizations (CBOs), local health jurisdictions (LHJs), licensed providers, hospitals, and clinics as defined in 42 CFR 440.90, to supervise CHW/Rs.

SUMMARY OF PROPOSED CHANGES

DHCS is seeking to expand the list of providers who supervise CHW/Rs to include pharmacies. Currently, the State Plan lists CBOs, LHJs, licensed providers, hospitals, and clinics as defined in Title 42 of the Code of Federal Regulations section 440.90 to supervise CHW/Rs.

The expanded list of providers who can supervise CHW/Rs would include providers in both the fee-for-service (FFS) and managed care delivery systems.

The proposed effective date for State Plan Amendment (SPA) 24-0037 is October 1, 2024. SPA 24-0037 is subject to approval by CMS.

IMPACT TO TRIBAL HEALTH PROGRAMS (THPs)

A tribal clinic may use CHW/Rs to provide services, but CHW/Rs are not considered THP billable providers. Therefore, CHW/R services are not considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate (AIR). Per existing policy, reimbursement for CHW/R services will be available at FFS rates outside of the federal AIR or Tribal FQHC Alternative Payment Methodology (which is set at the AIR) including at a separately enrolled tribal retail pharmacy.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

FQHC and RHC providers may use CHW/Rs to provide covered CHW/R services, however, CHW/Rs are not FQHC and RHC billable providers and FQHCs and RHCs may not bill for their services.

IMPACT TO AMERICAN INDIAN MEDI-CAL MEMBERS

Medi-Cal members may have increased access to these benefits through pharmacies who supervise and utilize CHW/Rs, which is expected to improve health outcomes for American Indian members receiving these services.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of the notice. Comments may be sent by email to Angeli.Lee@dhcs.ca.gov or by mail to the address below:

CONTACT INFORMATION

Department of Health Care Services
Director's Office
ATTN: Angeli Lee
MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413